

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	1/16/01
FORMALITY REVIEW	mk	SL 569	02/02/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2-15-02
2	✓	✓	2-15-02
3	✓	✓	2-15-02
4	✓	✓	2-15-02
5	✓	✓	2-15-02
6	✓	✓	2-15-02
7	✓	✓	2-15-02
8	✓	✓	2-15-02
9	✓	✓	2-15-02
10	✓	✓	2-15-02
11	✓	✓	2-15-02
12	✓	✓	2-15-02
13	✓	✓	2-15-02
14	✓	✓	2-15-02
15	✓	✓	2-15-02
16	✓	✓	2-15-02
17	✓	✓	2-15-02
18	✓	✓	2-15-02
19	✓	✓	2-15-02
20	✓	✓	2-15-02
21	✓	✓	2-15-02
22	✓	✓	2-15-02
23	✓	✓	2-15-02
24	✓	✓	2-15-02
25	✓	✓	2-15-02
26	✓	✓	2-15-02
27	✓	✓	2-15-02
28	✓	✓	2-15-02
29	✓	✓	2-15-02
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35	✓	✓	2-15-02
36	✓	✓	2-15-02
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41	✓	✓	2-15-02
42	✓	✓	2-15-02
43	✓	✓	2-15-02
44	✓	✓	2-15-02
45	✓	✓	2-15-02
46	✓	✓	2-15-02
47	✓	✓	2-15-02
48	✓	✓	2-15-02
49	✓	✓	2-15-02
50	✓	✓	2-15-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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